

**For office use Only**

Date Received:

Approved or Denied

PCA Required: Yes or No



**MACON-BIBB COUNTY TRANSIT AUTHORITY/ PARA TRANSIT DIVISION**

**Thank you for your interest in the MBCTA Para Transit service.**

Residents of the Macon-Bibb County Transit Authority/Para Transit Division service area who are disabled in a way that affects their ability to travel are eligible for reduced bus fares. This program has nothing to do with a disabled person's income. The fact that their disability limits their ability to earn income has nothing to do with eligibility for the reduced fare program.

In order for your application to be processed, all parts of the application must be filled out completely by the applicant and/or personal care attendant as well as the applicants' Licensed Healthcare Professional. A Healthcare Professional may include, but is not limited to a certified physician or nurse, vocational rehabilitation counselor, or social worker. If something does not apply to you please use "none" or "N/A" for non-applicable. Signatures are also required.

The information obtained in the certification process will be used only by Macon-Bibb County Transit Authority /Para Transit Division to determine eligibility for transit services, will be kept confidential, and will not be provided to any other person or agency.

If you have any questions completing this application please call June Curry, Para Transit Manager at (478) 803-2512

\*If you are not the applicant but are completing the application on the applicant's behalf you must provide the following information: (Please Print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_

**Applicant's Information:**  
(To be completed by Applicant)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Work Phone: (    ) -    Home Phone: (    ) -    Male: \_\_\_\_\_ Female: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Can you get on and off of a bus/van that does not have a passenger lift?    Yes    No

Are you able to provide your address and phone number upon request?    Yes    No

Are you able to recognize a destination or landmark?    Yes    No

Do you use any of the following mobility aids or specialized equipment?  
Check all that apply.

- |                                     |  |                                |
|-------------------------------------|--|--------------------------------|
| <input type="checkbox"/> Cane       | <input type="checkbox"/> Power Scooter (3-wheeler)                 |                                |
| <input type="checkbox"/> Walker     | <input type="checkbox"/> Power Chair (size    ) (weight    )       | <input type="checkbox"/> Other |
| <input type="checkbox"/> Crutches   | <input type="checkbox"/> Large Power Chair (size    ) (weight    ) |                                |
| <input type="checkbox"/> Leg Braces | <input type="checkbox"/> Service Animal                            |                                |

Person to contact in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

I certify that all of the information that I have given in this application is true and accurate to my knowledge. I understand that falsifying my application will result in denial of services.

I understand that all information will be kept confidential and only the information required to provide the services will be disclosed to those who perform the services.

I understand that Macon-Bibb County Transit/Para Transit Division will contact my healthcare professional to confirm information.

I authorize my healthcare professional to release any and all information required by Macon-Bibb County Transit/Para Transit Division to determine my eligibility.

Print Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Request for Healthcare Professional Verification**  
(To be completed by License Healthcare Professional)

Please complete and sign the form below to provide information regarding applicant's disability and its impact upon his/her ability to utilize our transit services. The information that you provide will assist Macon-Bibb County Transit /Para Transit Division in determining whether or not the applicant is eligible for our services.

To qualify a person must have a disability that prevents him/her from using fixed route transit service.

Explain HOW your disability or health related condition prevents you from independently using the fixed route transit service. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your cooperation in this matter.

I certify that \_\_\_\_\_ who

currently resides at \_\_\_\_\_

is a disabled person due to the following criteria(s):

1. Non-Ambulatory Disabilities: Impairments that, regardless of cause or manifestation, for all practical purpose confine individuals to wheelchairs.  
*Specify Specific Disability* \_\_\_\_\_  
\_\_\_\_\_

2. Semi-Ambulatory Disabilities: Impairments that cause individuals to walk with difficulty or insecurity. Individuals using braces or crutches, amputees, and those with arthritic, neuromuscular, pulmonary, or cardiac disorders may be semi-ambulatory.  
*Specify Specific Disability* \_\_\_\_\_  
\_\_\_\_\_

3. Sight Disabilities: Total blindness or incorrect impairment affecting sight to the extent that the individual functioning in public areas is insecure or exposed to danger.

*Specify Specific*

*Disability* \_\_\_\_\_

4. Hearing Disabilities: Total deafness or uncorrectable hearing handicaps that might make an individual insecure in public areas because he/she is unable to communicate or hear warning signals. *Specify Specific*

5. *Disability* \_\_\_\_\_

6. Disabilities of In coordination: Faulty coordination palsy from brain, spinal, or perinea nerve injury.

7. Mental Disorder: Applicant is unable to perform routine repetitive tasks or has physical or other mental impairment resulting in restriction of function and cannot become licensed to operate a vehicle.

*Specify Specific*

*Disability* \_\_\_\_\_

8. Brain Damage: Diagnosis by a psychiatrist, neurologist, or clinical pathologist establishing that the applicant has organic brain syndrome.

*Specify Specific*

*Disability* \_\_\_\_\_

8. Other

*Specify Specific*

*Disability* \_\_\_\_\_

Is the applicant's condition temporary? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, expected duration is \_\_\_\_\_ months

Does the applicant require a Personal Care Attendant for travel? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does applicant use mobility aids? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what type? \_\_\_\_\_

Healthcare Professional Name: \_\_\_\_\_

Office Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Professional License No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pease check the one that applies to you:

Physician     Vocational Rehabilitation Counselor     Social Worker     Other

\*Mail all applications to:

**Para Transit Division  
Macon-Bibb County Transit Authority  
200 Cherry Street  
Macon, Georgia 31201**

March 17, 2010

To: All Para-Transit Customers

From: Para-Transit Manager

To all customers, we are pleased to have you aboard. Even more, we want to make sure that everyone understands the rules and regulations of Para-Transit so therefore you will find them attached to your application.

Para-Transit Customer

- A. The driver is only allowed to wait five minutes on any client.
- B. This service is only from curb to curb.
- C. At no time is the driver allowed to go inside of any client's house.
- D. The driver is not allowed under any circumstances to maneuver any client without a wheelchair ramp.
- E. All client trips must be approved through the office one day prior to appointment.
- F. At no time will a driver be allowed to take a client to any other final destination other than what is printed on the schedule.
- G. Drivers are not responsible for taking a client inside of a doctor's office.
- H. If a client needs assistance he/she will need to have an escort.
- I. The Macon Bibb-County Transit Authority predetermines payment for this service.
- J. Termination from this service will result from non-payment of account.
- K. All customers are to schedule their appointment time as well as their return trip time when making an appointment with no exception, anyone without a return trip time will be considered a one way trip.

Fares and Service Area

The Complimentary Para transit Services are offered to residents of Bibb County Georgia.

The fee for this service is twice the amount of the fixed route offered by Macon Transit Authority for residents living in and those living within a three-quarter mile radius from the ending point of the route.